	PATE	NT APPLICA	CORD Application or Docket Number											
-	cont			D - PART	SMAL Column 2) TYPE			L ENT	ITY	· / /	ОТІ	ER THA		
	TOTAL CLAIMS		.			,		RAT	<u> </u>	FEE	ا0 ت		LL ENTI	
ľ	FOR			NUMBER FILED		NUMBER EXTRA		BASIC	- -		\dashv	RAT		E
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•	If the differen	nce in column 1	is less tha	ess than zero onto: "O" in all				+145	=		OR	+290=	-	
	* If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II								79	70	OR	TOTAL	-	_
		CLAINIS AS (Column 1	11 n 2)	(Column 3)	•	SMAL	ENT	iTV	00		R THAN			
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	TIGHTEST NUM	ber Previously Paid	For (Total or	Independent) is	the hi	ghest number fou	ınd in'	the appro	opriate t	in c	olumn	1.		